

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH (NJCSCR)
INDIVIDUAL RESEARCH GRANT AWARD SUPPLEMENT

WHAT

A small collaborative award supplement of up to \$5,000 will be made available to support SCI collaborations that emerge from the New Jersey Commission on Spinal Cord Research Symposium. All active NJCSCR Individual Research grant holders who attend the Symposium are eligible to apply. Individual Research grant holders may propose collaborations with any interested in-state or out-of-state undergraduate student, graduate student, post-doctoral fellow, researcher, or established investigator who attends the Symposium. Collaborators cannot be from the same laboratory or department. For more information about the mission and goals of the Individual Research grant program, please refer to the [NJCSCR Research Program Guidelines](#).

REVIEW PROCESS

Requests will be reviewed through a scientific merit review process. Independent scientific merit reviewers will review the requests on an expedited basis, applying the criteria described below. Recommendations from the reviewers will be forwarded to the NJCSCR for final review and action. Award notifications will be sent to applicants in a timely manner. Written reviews will not be provided to applicants.

REVIEW CRITERIA

Requests for supplemental awards are evaluated on scientific merit, adherence to NJCSCR's priorities and the value collaboration will add to the existing grant project. For more information about these criteria, please see the NJCSCR Research Program Guidelines.

FUNDING GUIDELINES AND LIMITATIONS

- A grant modification will be attached to the existing grant of the initiating Principal Investigator. All arrangements and details for sharing costs between the collaborators are the sole responsibility of the applicants, but must be documented in the request.
- Requests to purchase major items of equipment (over \$2,500) are not allowed.
- Funding of the PI's salary is discouraged.

DEADLINES

The deadline for requests is January 8, 2007. Applicants will be notified of the disposition of their requests by February 15, 2007. Grant modification paperwork will be initiated thereafter.

SUBMISSION

Requests must be submitted following the guidelines below. Requests that do not adhere to these guidelines will be rejected without review. Applicants are required to e-mail their request to the NJCSCR office at NJCSCR@doh.state.nj.us on or before January 8, 2007.

INSTRUCTIONS AND FORMAT

1. Applicant Information

- a. Principal Investigator: Name of principal investigator, degree, title, host institution, address, phone and fax numbers, and e-mail address.
- b. Co-Principal Investigator/Collaborator: Name, degree, title, institution, address, phone and fax numbers, and e-mail address.

2. Proposal Information

- a. Title of research project for current NJCSCR grant and current NJCSCR grant number.

- b. Collaboration Proposal Hypothesis: Clearly state the working hypothesis for the collaboration.

3. Total Amount Requested

Stipulate the amount of the request up to \$5,000.

4. Institutional Information – COMPLETE ONLY IF DIFFERENT FROM CURRENT GRANT

- a. Contracts and Grants Management Officer: Person at host institution responsible for administering the grant; include title, address, phone and fax numbers, and e-mail address.
- b. Fiscal Officer: Person at host institution responsible for fiscal reports, include title, address, phone and fax numbers, and e-mail address.

5. Budget Request and Justification

Provide both the amount requested and a justification for each:

- a. **Personnel:** For each salary requested, indicate name, title, percent of time on project, salary request, and fringe benefit request. Even if funding to support the P.I.'s salary is not being requested, **indicate the percent of the P.I.'s time** to be devoted to the research activity for which funds are being requested from the NJCSCR. Describe the role of each person listed.
- b. **Equipment:** Describe and itemize.
- c. **Supplies:** Itemize purchases; justify non-obvious expenditures.
- d. **Travel:** Describe proposed use of travel funds.
- e. **Other Expenses:** Itemize proposed expenses; justify non-obvious expenditures.
- f. **Total Funds Requested:** Total not to exceed \$5,000.

6. Institutional Review Board/Institutional Animal Care and Use Committee Approval - If questions arise, contact NJCSCR office.

7. Non-Technical Abstract

Lay readers constitute the target audience for this section of the proposal; thus, it should avoid technical detail. Please describe the proposed collaboration and the value this collaboration will add to the current NJCSCR grant.

8. Narrative - The narrative is limited to one single-spaced page, not including references, figures and appendices. Type-size font must be 12.

- a. **Aims:** Enumerate the specific aims/objectives of this collaboration; avoid vague generalities. What hypotheses will be tested? What methods will be developed? What expertise will be shared? Etc.
- b. **Significance:** Provide a rationale for the collaboration. Describe the nature of the collaboration and explain what each laboratory brings to the table. How will this collaboration add value to the existing NJCSCR grant?
- c. **Methods and Experimental Design:** Describe the experimental design of the collaboration.
- d. **Timetable:** Tie the tasks described in Section 7 to an estimated timetable, providing a schedule for the collaboration.
- e. **Facilities/Resources:** Describe the equipment and facilities available to you that will be used in this research.

New Jersey Commission on Spinal Cord Research
PO Box 360
Trenton, NJ 08625-0360
<http://www.state.nj.us/health/spinalcord/>

INDIVIDUAL RESEARCH GRANT AWARD SUPPLEMENT

1. Applicant Information

a. Principal Investigator:

b. Co-Principal Investigator/Collaborator (Applicant named above responsible for administration):

2. Proposal Information

a. Title of Current NJCSCR Research Grant Project of Initiating Principal Investigator:

List Grant Number of Above-Named Project:

b. Collaboration Proposal Hypothesis (Clearly state the working hypothesis for the collaboration.):

3. Total Amount of Request (Up to \$5,000 Maximum):

\$

4. Institutional Information (Complete this section only if information differs from the original grant award.)

a. Contracts and Grants Management Officer Information:

b. Fiscal Officer Information:

For NJCSCR Office Use Only:

Proposal Status:

Score - Reviewer 1: _____

Score - Reviewer 2: _____

Funded / Amount: _____

Rejected: _____

INDIVIDUAL RESEARCH GRANT AWARD SUPPLEMENT (Continued)

5. Budget Request and Justification

a. Personnel:

a. Personnel:				
Name	Position Title	% Time	Effort Hours Per Week	Total Salary Plus Fringe Benefits
	Principal Investigator			
	Co-Principal Investigator/Collaborator			
Sub-Total				\$
b. Equipment (itemize):				\$
c. Supplies (itemize):				\$
d. Travel:				\$
e. Other Expenses (itemize):				\$
TOTAL FUNDS REQUESTED:				\$
Justification: Describe the specific functions of the personnel.				

**INDIVIDUAL RESEARCH GRANT AWARD SUPPLEMENT
(Continued)**

6. Institutional Review Board/Institutional Animal Care and Use Committee Approval:

Are human or animal subjects involved in this project? ☐ Yes ☐ No

If Yes, will this collaboration require an IACUC **in addition to the one currently on file** for the existing NJCSCR grant project? ☐ Yes ☐ No

If Yes, is a copy of your institution's human subjects/animal research committee approval attached? ☐ Yes ☐ No

If No, indicate the date of anticipated approval, at which time a copy must be forwarded to the NJCSCR office as soon as approval is obtained: _____

7. Non-Technical Abstract (Describe the proposed collaboration and the value this collaboration will add to the current NJCSCR grant (1/2 page maximum):

**INDIVIDUAL RESEARCH GRANT AWARD SUPPLEMENT
(Continued)**

8. **Narrative** (The narrative is limited to one single-spaced page, not including references, figures and appendices. Type size font must be 12.)